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CAREERS IN THE CHRISTIAN MISSION No. 4

The MISSIONARY NURSE

IN NORTH AMERICA AND ABROAD IN MORE THAN 40 COUNTRIES

1. Your Life in Your Hands

You are approaching your great moment—and it may last a month or a year—when you take your life in your hands and decide what to do with it.

Say you have forty, maybe even fifty years, a longer future than most young people in the world can look forward to. Wonderful raw material!—What are you going to do with it? Are you simply going to spend it, having a little less to spend each year, or are you going to build something that will grow continually to the end of your life?

You stand with your life in your hands and look at the world you're living in. If you have grasped it at all, you are appalled at the sight, near and far, of human suffering caused by war and disease and poverty. You are not interested in spending your life trying to make a million dollars. In the face of that sight, such a pursuit would be meaningless.

To go to the other extreme, you may have the momentary impulse to give your life away, to throw it (in one grand gesture) like a pail of water at a forest fire. It is the old idea of "self-sacrifice;" there are very few practical ways of doing it, and if you are unalterably attached to it this leaflet is not for you. You will read here about a life of service, but it is a life you must build, not throw away; and there is both giving and receiving in it.

To serve is not to wait on but to help; in the Christian sense it requires neither servility nor self-immolation, but compassion. How do you feel about the human victims of war, poverty, and disease? Do you pity them from your comfortable armchair, or do you want to help?

2. The Problem That Shouldn't Exist

Jesus Christ taught a message of love to those who would listen. He *lived* that love when He went among those who were physically afflicted and healed them. He did not believe, as some people seem to believe even today, that physical suffering is "good for the soul." He wanted to make people *whole* so that they could share in the richness of human life and participate in His Kingdom.

In His years on earth, disease was still a terrible mystery to the most learned men. But of all the ills of the modern world, physical disease is (in a sense) a still more appalling problem, because so many remedies are known today. What is lacking is people to make use of that knowledge. It has taken mankind hundreds of years to discover the proper remedial measures for scores of diseases; it takes only a few years, a fragment of a lifetime, to educate a doctor or a nurse in the administration of those treatments. Yet the chances are that the hospital nearest you has patients who are getting inadequate care because of the shortage of nurses.

With the work of others behind and beside them, one Louis Pasteur or one Walter Reed can produce the solution to an age-old disease. But it takes many thousands of nurses and doctors to bring disease and remedy together in the hospitals of a single nation. People are still dying because that host is not enough.

3. A Thought for the Threshold

If you've ever considered nursing as a career and passed it up, give it a second look while you still have your life in your hands. Perhaps you suspect that the story of Florence Nightingale has been slightly romanticized—you're right; but study her life again for the satisfaction, far deeper than glamor or adventure, that she must have experienced. Perhaps you've known nurses who have grown bitter and tough, and you think the profession breeds the attitude. (Grocery clerks and diplomats can grow bitter and tough too.) Perhaps you think you can't stand the sight of blood (or bedpans); you forget that knowledge and sincere concern for others can overcome this

handicap, and you also forget that a hospital is about the cleanest place you could ever hope to work in. Perhaps you really know a little about nursing—that it takes skill, stamina, patience, equanimity, and sometimes courage—and perhaps you feel you haven't got what it takes. Then read a little further. And perhaps, finally, you think it might turn out to be a routine and basically unrewarding life. Again, read on!

4. The Nightingale Kind

In an era when nursing was considered a menial task, Florence Nightingale left a comfortable home and applied her education, energy, and particular vision in a distant spot where human suffering was extreme. Where would she be, were she alive today? Positions would be open to her, as they are to any good nurse, in the finest urban hospitals and health services. Many nurses aim specifically at such a job. But some look further, and the missionary nurse is one of these.

With a skill that lets her pick and choose, what makes a nurse go dashing off to a Chicago slum or a remote mission hospital?

She goes because one day she stood, like you, on the threshold of her career, and took a long look at the world. Where another young woman might see nothing but a wide-open job market, she saw one of humanity's great needs; and in the spirit of Jesus, nothing would satisfy her but to go where that great need was greatest.

Take one disease, tuberculosis—dreaded in most of the countries of the earth. New drugs may some day cut down both fatalities and the long, expensive convalescence, but until they prove themselves, tuberculosis will go on requiring a host of nurses in the United States, particularly in the underprivileged areas served by Christian home missions. And there are enormous regions of the world where the disease is virtually unchecked. There are parts of Asia and of the western hemisphere where, every year, 200 or even 300 people in each 100,000 are dying of tuberculosis.

A doctor in Africa writes that when he tried to persuade a tuberculous African girl to take time for X-ray examination and treatment, the obstacle was *elephants:* every member of her village was needed to keep a wild herd away from the young crops. A missionary nurse in Thailand quotes a stricken friend as saying, "I wish I had leprosy instead. I could go to the colony and live a useful life. Now I am feared and ostracized everywhere."

Favoring leprosy over tuberculosis sounds strange to us; it is grim humor in an area where sound health is rare. For leprosy colonies, hospitals, and clinics—wherever disease is tearing down human chances for a fuller life—the Christian nurse is sorely needed.

More nurses are needed than the church boards can find. A sizable proportion of missionary nurses get married sooner or later. Others go back to American city hospitals where there is less demand for cultural adjustment. Hundreds of heroic women who stay on the job are tackling a mighty task for the Church and the Kingdom.

5. It Takes All Kinds

"By daily plugging at an unspectacular routine," writes a missionary nurse, "I advance the Kingdom of God in my corner of Iran." If you've thought about nursing at all, you have some idea of that daily plugging. But even the routine of nursing becomes diverse on the mission field, particularly now that mission-trained nationals are sharing increasingly the burden of bedside care and responsibility for nursing service.

One missionary nurse in Africa has charge of a public health program. One of the three African nurses who work with her covers thirty-three villages in a sector so large that it takes four hours to reach some of the places on foot. Another of the three African nurses is seventy years old!

One American nurse administers the obstetric ward of a great mission hospital in Pakistan. Another demonstrates child care to Navajos in Arizona. Another manages the mobile inoculation unit in jungle villages in the French Congo. Another helps mothers in the tragic Negro slums of Chicago. A missionary nurse who "never dreamed of being a teacher" finds herself in charge of a hygiene course for Bible students.

Most mission hospitals are small, and when a doctor goes home on furlough the missionary nurse may be left for a time with complete medical responsibility. (In fact, many nurses are sponsored by societies which have no organized medical work. Without doctor or hospital, they are attempting to diagnose and treat patients. But this is an unsatisfactory policy, and the chances are that it will be improved on with time.)

You can see that it takes all kinds of mental and physical adaptability to carry out these missions. A mobile clinic in the Philippines travels by dugout canoe and carabao sled. When a Korean pastor fell seriously ill just after the completion of a new mission hospital, the missionary nurse had only three hours to set up the new operating room. Robust health, broad preparation and resourcefulness are indispensable for lives like these.

You may have been measuring yourself against the jobs described above. Assuming that you can claim resourcefulness, good health, adaptability and a good education in nursing—you hesitate. Perhaps you think missionary nurses are a special type of person to begin with. It isn't true: it takes all kinds.

Few church positions can use such a wide variety of personalities as can missionary nursing: the quiet, retiring type and the vigorous leader, the sympathetic and the businesslike, the person-minded and the organization-minded. The leaven is one basic attitude—complete commitment to the will of God as you find it for your life. Without that, discouragements may be insuperable. With it, your work can be a constant adventure and the "type" you are can find its best fulfillment.

6. "Surely I Am Not the Same Person"

If you are sensible enough not to be dazzled by the specious glamor of working in unusual and possibly "exotic" surroundings, perhaps you go to the other extreme: you wonder whether both your personality

and your professional life might not grow stagnant, once you remove yourself from what you think of as the main stream, the highly-developed city life of your own country. It's a serious question; let's consider it.

Partly because missionary nurses meet a good many practical problems which other nurses never encounter, they have a greater tendency to grow in their profession. Teaching without visual aids or a suitable textbook; sterilizing instruments and dressings without adequate equipment; cleansing a wound without standard antiseptics; improvising splints; figuring out a diet for a school when only one staple food is available—problems like these will challenge the nurse in some mission situations, and her skill will increase as she solves them.

In other cases the missionary nurse may find herself in a fine, modern hospital, but ministering to patients or teaching students from a society totally different from any she knew before. She may have to cope with the results of poverty and broken homes, or with faith in fetishes and charms. She will have to learn to understand the differences she finds, and distinguish between those customs which she may help to change and those which may be valid for that society.

The chances are that a missionary nurse will be dealing with people of another color, and this may require a basic change in her attitude. She must learn to be neither overbearing nor patronizing—both attitudes are justifiably resented. This incident is reported with pride by a missionary nurse: A child of five paid a formal call upon her and, after some very adult amenities, the child asked to see "the white woman." Surprised, the nurse replied that she herself was the only white woman there. "But you are only the *mother,*" the little girl insisted. "I want to see the *white woman.*" Living closely with them and sharing their problems had helped this nurse break down the barrier of color between herself and the people to whom she ministered.

If you are going to be a missionary nurse, the problems you'll share may sometimes be heartbreaking. As a home missionary you may find yourself in an island of tragic poverty surrounded by the homes of more privileged Americans. As a foreign missionary you may find a whole country seemingly with little hope for progress. Does the prospect challenge you?

And while you are thinking of problems, remember the relatively little ones. Imagine carrying on your job in near-zero hospital rooms, bundled up in padded clothes, or walking a mile to work, each day, in tropical heat.

Difficulties which seem preventable can try one's patience even more than the other kind. Administrative failures and red tape are as well known on the mission field as elsewhere. For example, one nurse writes that a quantity of hospital linens and other equipment which she had ordered from the States was delivered to her two years later, just as she was leaving for another field.

Problems like these, large and small and endless, leave nurses on the field no time to stagnate or cease growing. Combined with a sustaining faith, they can increase in you the wit and energy to improvise, to learn, to grow.

"My life has been molded and shaped continually for the responsibilities ahead," writes a young missionary nurse. "I am grateful to our Lord for spiritual growth and understanding. Surely I am not the same person who arrived in Assam a year and a half ago!"

That's missionary nursing. Has it caught your imagination? Do you want to know a little more about what it takes to prepare yourself for a life like this? The rest of this leaflet will answer some of your questions, and tell you where to find answers to most of the others. Your biggest question—*Shall I become a missionary nurse?*—you must learn to answer for yourself by sincerely seeking God's will for your life.

7. How Long to Get Ready?

The usual three-year minimum of nursing education will prepare you for appointment in home missions or service overseas. But there is a growing trend among the mission boards to appoint only those nurses with a college or nursing degree (B.A. or B.S.). Most nationals being trained in mission schools in other countries cannot as yet get more than the minimum nursing education; you should take full advantage of your own larger educational opportunity, so that as a Christian nurse you can serve Christ with a trained understanding as well as a trained hand and eye.

Go to the best school of nursing available to you, and make your preparation as full as you can afford financially. Many denominations are willing to provide some financial help toward this end, and some of the schools themselves give scholarships. You may not have a lot of money to spend, but you do have *time*—take time to make yourself the best nurse you can be. The standards of Christian service must be high.

There is another side to getting ready, equally important. Study the Bible regularly; participate in a prayer group; attend student conferences and fellowships of missionary candidates whenever you can; cultivate a personal emotional discipline. You are going out to meet hundreds of human beings who need your help, and you must build and keep a reservoir of faith.

8. After the Cap

Long before you are a full-fledged nurse, you should be in touch with your mission board so that your postgraduate study and experience can be planned according to current needs. A few boards require a year of theological studies for all missionary nurses; most of them require shorter periods of formal Bible study and courses in the culture and religions of the country to which the appointee is going. You will want to know the requirements of your own board in good season.

A variety of experience and further education in one special field are almost essential. Learn how to teach nursing, since the chances are that you'll have the responsibility of a school of nursing on the field. A few excellent courses in midwifery, lasting six months, are given in this country; if you can take one of these your skill will be in great demand. Nurses are needed who

can administer and direct both hospital and nursing service. Preventive medicine is coming into increasing prominence, and every prospective missionary nurse should have some training in public health.

Your board may suggest other specialties such as anaesthesia, psychiatric, pediatric, or tuberculosis nursing. Nurses going to the Belgian Congo must first stop in Antwerp to take a course in tropical medicine—given in French. Recently a nurse wrote back from Belgium, "There were twenty missionaries in our class and we all passed! This is the first time this has happened."

Nurses going to a foreign field will have to allow plenty of time for the language problem. Like any other missionary, you'll need at least one full-time year, at home or on the field, to make a good start in the language you will be using not only for clinical work and teaching but also for your constant presentation of Christ's message.

9. What Terms of Service?

Missionary nursing is not something you join to "see the world" for a couple of years, although the terms of service vary from a year on up, according to the needs of your church board. The true missionary nurse knows in her heart that she must continue to answer this particular call as long as she practices her profession.

Mission board policy on salaries, furloughs, and other terms is by no means uniform, but you are likely to find that you will have, relative to your surroundings, as secure a living standard as that of a teacher or a minister in ordinary American life. Furloughs may come every three, five, or seven years, and extra medical expenses, etc., are usually allowed for. Once you indicate serious interest, your board will be glad to give you detailed information on the terms of service.

10. More Information, Please!

Of all the interesting paths your life might take, does this one have a special interest for you? Then take time to study the road forward. Talk with missionaries on furlough if you have the chance; try to get the flavor of their daily lives. Here are a few books which may help:

The Wholeness of Man. By Phyliss L. Garlick. London: Highway Press, 1943.

Doctors East, Doctors West. By Edward H. Hume. New York: W. W. Norton, 1946.

My Patients Were Zulus. By James B. McCord. New York: Rinehart, 1951.

Health Is Our Adventure. By Gladys Jeffree. London: Church Missionary Society, 1949.

Out of My Life and Work. Albert Schweitzer. New York: Holt, 1933.

Burma Surgeon. By Gordon S. Seagrave. New York: Norton, 1943.

Talk also to your pastor or any Christian leader you especially respect, asking him or her for an appraisal of your abilities. Pray about the choice ahead of you. And write to the mission board of your denomination, telling of your interest even though you have not yet made up your mind.

For other materials, write to the Student Volunteer Movement, or to the Christian Medical Council at the same address—156 Fifth Avenue, New York, N. Y.

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156 Fifth Avenue, New York 10, N. Y.